

State of Connecticut  
Department of Public Safety  
**Sale or Transfer of All Firearms**

Date of Sale	Sale Authorization No.	Manufacturer	Exact Model	Serial Number
Caliber/Gauge	Gen. Description	Barrel Length	Date of Birth	Social Security # <i>(optional)</i>
Purchaser <i>(Print First, Middle, Last Name)</i>			Pistol Permit, Eligibility Certificate, Police ID or FFL #	
Purchaser's Address <i>(No., Street, City/Town, ZIP)</i>				
Seller <i>(Print First, Middle, Last Name)</i>			Pistol Permit, Eligibility Certificate, Police ID or FFL #	
Date of Birth	Seller's Address <i>(No., Street, City/Town, ZIP)</i>			
Signature of Seller			Signature of Purchaser	
Seller, retain the original copy for your records, give one copy to the purchaser as a receipt, submit one copy to the local police authority where the purchaser resides, and submit a final copy to the Commissioner of Public Safety at: DPS Special Licensing & Firearms Unit P.O. Box 2794 Middletown, CT 06457-9294				

DPS-3-C (Rev. 2/01)

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